PTO/SB/21 (6-99)

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TRANSMITTAL  FORM  TORM  TORM		Application Number				
		Filing Date		September 17, 1996		
		First Named Inventor		Sharkey		
		Group/Art Unit		3739		
		Examiner Name		Shay		
Total Number of Pages in This Submission		Attorney Docket Number	r	17616-705		
ENCLOSURES (check all that apply)						
Fee Transmittal Form  Fee Attached  Amendment / Response  After Final  Version with Markings Showing Changes  Affidavits/declaration(s)	Gfor an A   Drawing   Licensir   Petition   and Acc   Petition   Provisio   Power o	Routing Slip (PTO/SB/69) companying Petition to Convert to a conal Application of Attorney, Revocation		After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Additional Enclosure(s)		
Extension of Time Request Second Month  Information Disclosure Statement	Termina Small E	of Correspondence Address al Disclaimer antity Statement for Refund		(please identify below):		
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Typed or printed name Jeffery R. Howard						
Signature Description Date 7-10-01						

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FEE.	TRANSMITTAL	
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Small Except payments <u>must</u> be supported by a small entity statement,
TRACE of large entity fees must be paid. See Forms PTO/SB/09-12.

See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT

Complete if Known

Application Number 08/714,987

Filing Date September 17, 1996

First Named Inventor Sharkey

Examiner Name Shay

Group/Art Unit 3739

Attorney Docket Number 17616-705

FEE CALCULATION (continued) METHOD OF PAYMENT (check one) ADDITIONAL FEES 1. The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Entity Small Entity Large Deposit Fee Fee Fee Fee Fee Description Account 23-2415 (Docket No. 17616-705) Paid Code (\$) Code (\$) Number 65 105 130 205 Surcharge - late filing fee or oath Deposit Surcharge - late provisional filing fee 25 Account Wilson Sonsini Goodrich & Rosati 127 50 227 or cover sheet Name 130 139 130 Non-English specification 139 Charge Any Additional Fee Required 147 2,520 147 2.520 For filing a request for reexamination Under 37 CFR §§ 1.16 and 1.17 Requesting publication of SIR prior to 920\* 920\* 112 112 Examiner action 1,840\* Requesting publication of SIR after 1.840\* 113 113 2. Payment Enclosed: Examiner action ☐ Check ☐ Money Order ☐ Other 55 110 215 Extension for reply within first month 115 Extension for reply within second 390.00 FEE CALCULATION 116 390 216 195 month Extension for reply within third 1. BASIC FILING FEE 890 217 445 117 month Extension for reply within fourth Large Entity Small Entity Fee Description Fee Paid 118 1,390 218 695 month Fee Fee Fee Fee Extension for reply within fifth Code Code (\$) (\$) 128 1.890 228 945 month 101 710 201 355 Utility filing fee 119 310 219 155 Notice of Appeal Filing a brief in support of an app 106 320 206 160 Design filing fee 120 310 220 155 Request for oral hearing 121 270 221 135 490 207 245 Plant filing fee 107 Petition to institute a public 138 1,510 138 1,510 Reissue filing fee 108 710 208 355 proceeding Provisional filing 114 75 150 214 Petition to revive - unavoidable 140 110 240 55 fee 늉 SUBTOTAL (1) 0.00 620 Petition to revive - unintentional 141 1.240 241 (\$) 2. EXTRA CLAIM FEES Fee from 142 1,240 242 620 Utility issue fee (or reissue) below Fee Paid Extra Claims 440 243 220 Design issue fee Total Claims -20\* 143 Independent 600 300 144 244 Plant issue fee Claims 90 122 130 122 130 Petitions to the Commissioner Multiple Dependent 390 Petitions related to provisional \*\*or number previously paid, if greater; For Reissues, see below 123 50 123 50 applications CCHAU Entity Small Entity Fee Description Submission of Information Disclosure 180 126 180 126 Fee Fee Fee Stmt Code (\$) Code (\$) 581 40 Recording each patent assignment per 581 40 27/3001 103 18 203 9 Claims in excess of 20 property (times number of properties) 146 710 246 355 40 102 80 202 Independent claims in excess Filing a submission after final 5 rejection (37 CFR 1.129(a)) of 3 710 249 355 For each additional invention to be 104 270 204 135 Multiple dependent claim, if 149 examined (37 CFR 1.129(b)) not paid 40 109 80 209 \*\*Reissue independent claims Request for Corrected Filing Receipt 25 Other fee (specify) over original patent \*\*Reissue claims in excess of 110 18 210 Other fee (specify) 55/110 Terminal Disclaimer 20 and over original patent SUBTOTAL (3) SUBTOTAL (2) (\$) 0.00 \* Reduced by Basic Filing Fee Paid (\$) 390.00 SUBMITTED BY Complete (if applicable)

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 39,666
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